



Town of North Hempstead

Department of Building Safety Inspection and Enforcement

210 Plandome Road, Manhasset, NY 11030-2327

Tel. (516) 869-6311

Fax. (516) 869-7662

BUILDING PERMIT REQUIREMENTS AND CHECKLIST

(pursuant to Chapter 2 of the Town Code)

ALL APPLICATIONS FOR A RESIDENTIAL BUILDING PERMIT SHALL INCLUDE THE FOLLOWING DOCUMENTATION:

_____ Three (3) copies of the completed Application for Residential Building Permit.

_____ Residential Zoning Analysis Submission Sheet with original seal and signature of the design professional responsible for the work.

_____ Utilization of Truss Type Construction Form (filled out, signed and stamped by design professional)

_____ Contractor List Form filled out*

Contractor Insurance Forms*

a. Liability Insurance naming the Town of North Hempstead as certificate holder.

b. Worker's Compensation Insurance:

i. C-105.2 (private insurance), naming the Town of North Hempstead as certificate holder.

ii. U-26.3 (from the State Insurance Fund), naming the Town of North Hempstead as certificate holder. For DEMOLITION, this form must specifically name or identify the address of property covered for demolition.

iii. SI-12 (self-insurance) does not name a certificate holder.

iv. GSI-105.2 (certificate of participation in WC Group self insurance), naming the Town of North Hempstead as certificate holder.

c. CE-200 (exemption from WC and Disability). Must be submitted for each separate job or location of work.

d. Disability Insurance:

i. State of New York Workers Compensation Board form DB-120.1 (private Insurance).

ii. DB-155 (self insurance) does not name a certificate holder.

iii.

_____ Short Environmental Assessment Form.

_____ Project related applications: Plumbing Permit application, Mechanical Permit application, Drainage Permit application, Demolition Permit application, etc. Contractor's information is not necessary at time of filing.

_____ Two (2) sets of construction drawings with original seal and signature of the design professional responsible for the work.

_____ Two (2) full size copies of a plot plan showing location of the building on the site and all site features.

_____ Two (2) copies of a legal survey of the property with the seal and signature of the licensed surveyor.

_____ Documentation indicating compliance with the Energy Conservation Construction Code of New York State.

_____ Approved Curb Cut Permit from the Town of North Hempstead Highway Department or authority having jurisdiction (if applicable).

_____ For legalization projects Legalization of Existing Construction Supplemental Form.

_____ Initial permit fee to be determined at time of submission. Full fee will be determined by the Building Department and will be due prior to issuance of the Building Permit.

*Item not required to be submitted at the time of filing. Forms and information shall be required prior to issuance of Building Permit.

Applicant shall provide complete information on all forms. Do not leave any item black. Incomplete applications will not be accepted for filing.

Form 8/15



**Town of North Hempstead
Department of Building Safety, Inspection & Enforcement**

210 Plandome Road, Manhasset, NY 11030 · tel. 516-869-7660 · fax 516-869-7662

**NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION,
PRE-ENGINEERED WOOD CONSTRUCTION, AND/OR TIMBER CONSTRUCTION IN
RESIDENTIAL STRUCTURES**
(In accordance with Title 19 NYCRR PART 1265)

TO: Town of North Hempstead Department of Building, Safety Inspection & Enforcement

Section: _____ **Block:** _____ **Lot(s):** _____

ADDRESS OF PERMIT ACTIVITY:

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

PLEASE TAKE NOTICE THAT THE (CHECK ALL THAT APPLY):

- ☐ New Residential Structure
- ☐ Addition to Existing Residential Structure
- ☐ Rehabilitation to Existing Residential Structure

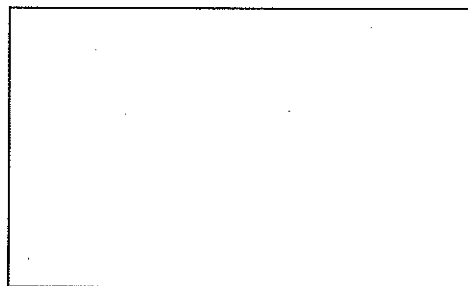
TO BE CONSTRUCTED OR PERFORMED AT THE SUBJECT PROPERTY REFERENCE ABOVE WILL UTILIZE

(CHECK ALL THAT APPLY):

- ☐ Truss Type Construction (TT)
- ☐ Pre-Engineered Wood Construction (PW)
- ☐ Timber Construction (TC)

IN THE FOLLOWING LOCATION(S) (CHECK APPLICABLE LINE):

- ☐ Floor Framing, Including Girders and Beams (F)
- ☐ Roof Framing (R)
- ☐ Floor Framing and Roof Framing (FR)



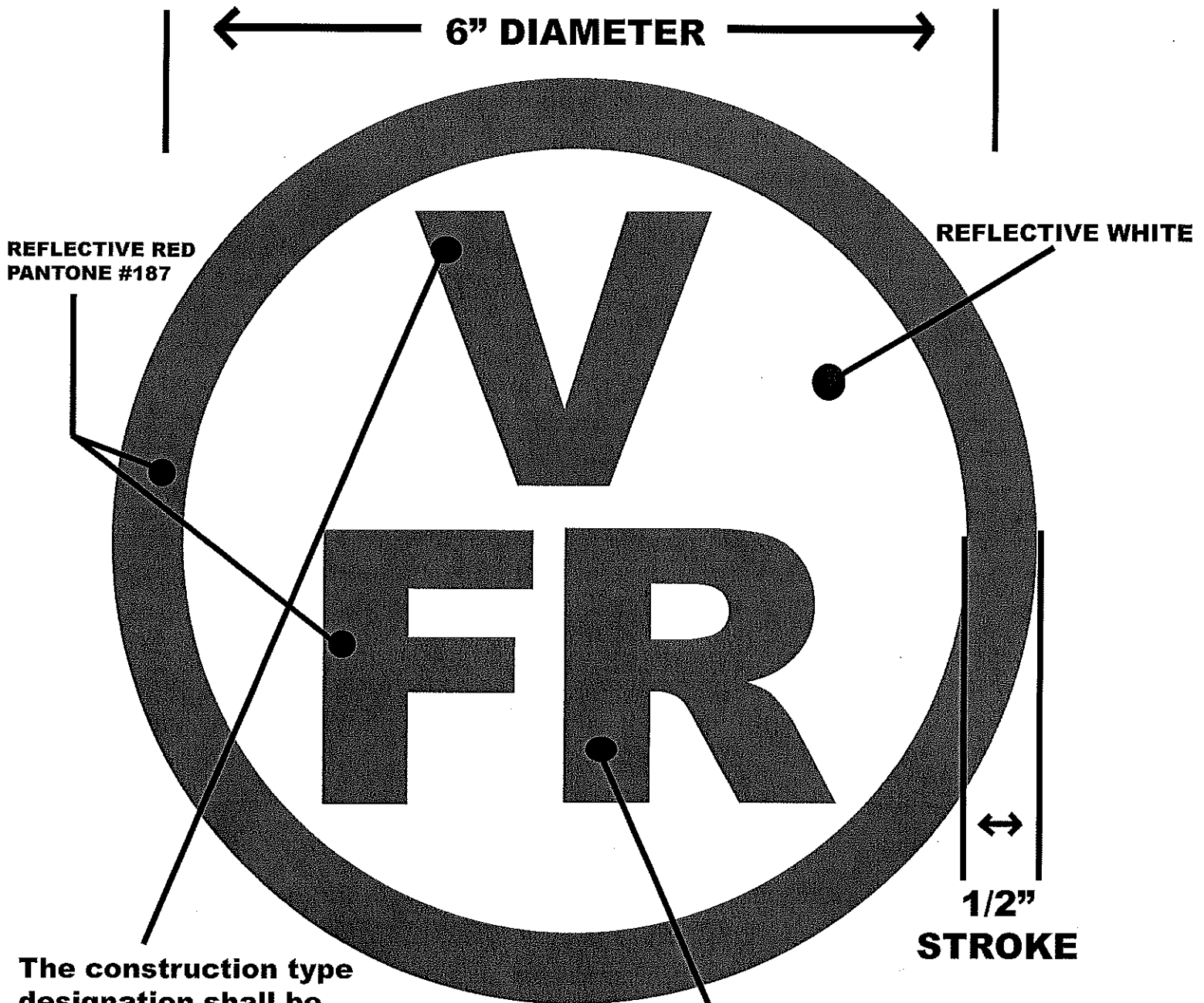
Licensed Design Professional's Stamp

must appear here

SIGNATURE OF DESIGN PROFESSIONAL: _____ **DATE:** _____

PRINT NAME: _____

Please take notice that the symbol illustrated on the next page must be affixed to the electric meter box of a residential structure that has been constructed, added to or rehabilitated using truss type, pre-engineered wood or timber construction. The property owner shall be responsible for maintaining the symbol and shall replace the symbol if it is removed, damaged, faded or worn.



The construction type designation shall be "I", "II", "III", "IV" or "V" to indicate the construction classification of the structure under section 602 of the BCNYS

DESIGNATION FOR STRUCTURAL COMPONENTS THAT ARE OF TRUSS TYPE CONSTRUCTION



"F"	FLOOR FRAMING, INCLUDING GIRDERS AND BEAMS
"R"	ROOF FRAMING
"FR"	FLOOR AND ROOF FRAMING



Application #: _____

Permit #: _____

Certificate #: _____

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APPLICATION FOR RESIDENTIAL BUILDING PERMIT

Issued Pursuant to §2-9 of the Code of the Town of North Hempstead

New Construction []

Alteration / Addition []

Maintain []

Section: _____ Block: _____ Lot(s): _____ Date: _____

Address of Permit Activity:

Street: _____ City: _____ State: NY Zip: _____

Owner's Information:

Last: _____ First: _____ Corporation: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Cell Phone Number: _____ E-mail Address: _____

Applicant's Information:

Last: _____ First: _____ Corporation: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Cell Phone Number: _____ E-mail Address: _____

Description of Work: _____

Estimated Cost of Construction: \$ _____

Design Professional's Information: Corporation: _____

Last: _____ First: _____ License Number: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

FOR OFFICIAL USE ONLY

PROPERTY OWNER'S AUTHORIZATION

I (we) hereby certify that:

1. I (we) agree to permit the Building Inspector and any officer or employee of the Town of North Hempstead to enter upon the premises in the discharge of their duties with this application.
2. Approved plans and a copy of the approved permit shall remain on the premises at all times until a Certificate of Occupancy / Completion is issued. These plans shall be made available to the Building Inspector upon request.
3. Building Inspector shall be given a minimum forty-eight (48) hours notice to make the required inspection and no work shall continue until such inspection has been completed and approved.
4. Owner or his/her representative shall be responsible to arrange for all required inspections.
5. Owner shall be responsible for the presence of the appropriate representative for the required inspection as directed by the Building Inspector.
6. Permit shall expire three (3) months from the date of issuance unless construction is in progress. No work is to be started until permit has been received and posted by the owner / applicant. Commencement of any work prior to the receipt and posting of the permit will result in the assessment of double fees pursuant to §2-28 C of the Code of the Town of North Hempstead
7. Work shall be permitted between the hours of 7:30 AM and 6:00 PM, Monday through Friday only.
8. A permit is not closed until a certificate has been issued. Occupancy of the premises without first obtaining a Certificate of Occupancy, or use of the premises without first obtaining a Certificate of Completion or Approval is unlawful and may subject the owner of the premises to the penalties described in the Code of the Town of North Hempstead.

I _____ (Property Owner) deposes and says that he/she resides at _____ in the State of _____, that he/she is the owner in fee of all certain lots, parcel of land shown on the attached survey, Section _____ Block _____ Lot (s) _____ situated, lying and being within the unincorporated area of the Town of North Hempstead; that I have read and understand items one (1) through nine (9) as here in stated, recognize that he/she is responsible for all activities occurring on the property, and that failure to comply with any of the items, not withstanding any other items defined in the Code of the Town of North Hempstead, may result in the temporary suspension or permanent revocation of the permits issued for construction on the premises in accordance with the Code of the Town of North Hempstead.

Signature of Owner _____

Sworn to me this _____ Day of _____, 20____

Signature of Notary Public: _____

FOR OFFICIAL USE ONLY

Final Survey received _____	Electrical Certificate Number _____
Final Inspection Date _____	Inspector Signature _____



Application #: _____
Permit #: _____
Certificate #: _____

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APPLICATION FOR RESIDENTIAL BUILDING PERMIT

Issued Pursuant to §2-9 of the Code of the Town of North Hempstead

New Construction []

Alteration / Addition []

Maintain []

Section: _____ Block: _____ Lot(s): _____ Date: _____

Address of Permit Activity:

Street: _____ City: _____ State: NY Zip: _____

Owner's Information:

Last: _____ First: _____ Corporation: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Cell Phone Number: _____ E-mail Address: _____

Applicant's Information:

Last: _____ First: _____ Corporation: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Cell Phone Number: _____ E-mail Address: _____

Description of Work:

Estimated Cost of Construction: \$ _____

Design Professional's Information: Corporation: _____

Last: _____ First: _____ License Number: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

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3. Building Inspector shall be given a minimum forty-eight (48) hours notice to make the required inspection and no work shall continue until such inspection has been completed and approved.
4. Owner or his/her representative shall be responsible to arrange for all required inspections.
5. Owner shall be responsible for the presence of the appropriate representative for the required inspection as directed by the Building Inspector.
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Signature of Owner _____

Sworn to me this _____ Day of _____, 20____

Signature of Notary Public: _____

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Application #: _____
Permit #: _____
Certificate #: _____

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APPLICATION FOR RESIDENTIAL BUILDING PERMIT

Issued Pursuant to §2-9 of the Code of the Town of North Hempstead

New Construction [] Alteration / Addition [] Maintain []

Section: _____ Block: _____ Lot(s): _____ Date: _____

Address of Permit Activity:

Street: _____ City: _____ State: NY Zip: _____

Owner's Information:

Last: _____ First: _____ Corporation: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Cell Phone Number: _____ E-mail Address: _____

Applicant's Information:

Last: _____ First: _____ Corporation: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Cell Phone Number: _____ E-mail Address: _____

Description of Work:

Estimated Cost of Construction: \$ _____

Design Professional's Information: Corporation: _____

Last: _____ First: _____ License Number: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

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PROPERTY OWNER'S AUTHORIZATION

I (we) hereby certify that:

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Signature of Owner _____

Sworn to me this _____ Day of _____, 20____

Signature of Notary Public: _____

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Final Survey received _____	Electrical Certificate Number _____
Final Inspection Date _____	Inspector Signature _____



Building Permit

Application No: _____

(Official Use Only)

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Department of Building Safety Inspection and Enforcement

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Tel. (516) 869-6311

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CONTRACTOR'S LIST

Section: _____ Block: _____ Lot(s): _____ Zoning District: _____

Address of Permit Activity:

Street: _____ City: _____ State: _____ Zip: _____

Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> HVAC Contractor |
| <input type="checkbox"/> Drainage Contractor | <input type="checkbox"/> Plumbing Contractor |
| <input type="checkbox"/> Fire Sprinkler Contractor | <input type="checkbox"/> Gas Contractor |
| <input type="checkbox"/> Electrical Contractor | <input type="checkbox"/> Infrastructure Contractor (main water, sewer, septic) |

Contractor type: _____

Corporation Name: _____ License Number: _____

Last: _____ First: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone Number: () _____ Email Address: _____

Contractor type: _____

Corporation Name: _____ License Number: _____

Last: _____ First: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone Number: () _____ Email Address: _____

Contractor type: _____

Corporation Name: _____ License Number: _____

Last: _____ First: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone Number: () _____ Email Address: _____

Contractor type: _____

Corporation Name: _____ License Number: _____

Last: _____ First: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone Number: () _____ Email Address: _____

Contractor type: _____

Corporation Name: _____ License Number: _____

Last: _____ First: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone Number: () _____ Email Address: _____

Town of North Hempstead
Department of Building Safety, Inspection & Enforcement
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RESIDENTIAL ZONING ANALYSIS SHEET

(Required for submission with ALL Residential Permit Applications)

All spaces MUST be filed in. If not applicable to the application put N/A. Circle any proposed item which you have determined is not in compliance. Incomplete applications will not be accepted.

Section: _____ Block: _____ Lot(s): _____

Zoning District Classification: _____	Total Lot Area: _____ sq. ft.
Max. Permitted Coverage: _____ sq. ft.	Proposed Coverage: _____ sq. ft.
Max. Permitted Coverage %: _____ %	Proposed Coverage %: _____ %
Max Permitted Gross Floor Area: _____ sq. ft.	Proposed Gross Floor Area: _____ sq. ft.
Max. Permitted Gross Floor Area %: _____ %	Proposed Gross Floor Area %: _____ %
Front Yard Required: _____ ft.	Front Yard Proposed: _____ ft.
Front Yard Required (Corner Lot): _____ ft.	Front Yard Proposed (Corner Lot): _____ ft.
Avg. Front Yard: _____ ft.	Avg. Front Yard (Corner Lot): _____ ft.
Min. Side Yard Required: _____ ft.	Side Yard Proposed: _____ ft.
Min. Side Yard Required: _____ ft.	Side Yard Proposed: _____ ft.
Aggregated Side Yard Required: _____ ft.	Aggregate Side Yard Proposed: _____ ft.
Rear Yard Required: _____ ft.	Rear Yard Proposed: _____ ft.
Max. Height to Ridge: _____ ft.	Height to Ridge Proposed: _____ ft.
Max. Height to Eaves: _____ ft.	Height to Eaves Proposed: _____ ft.
Max. Front Yard Paving: _____ sq. ft.	Front Yard Paving Proposed: _____ sq. ft.
Max. Rear Yard Coverage: _____ sq. ft.	Rear Yard Coverage Proposed: _____ sq. ft.
Preexisting Average Grade: _____ ft.	Sky Exposure Plane Ratio Required: _____ : _____
Req. for Other Code: 70- _____ (Any other zoning code which has been determined to be noncompliant)	Proposal for Other Code: _____

ARCHITECT/ENGINEER: Business/Corporate Name: _____
Last: _____ First: _____ Middle Initial: _____ License #: _____
Street Address: _____ Phone #: () _____
City: _____ State: _____ Zip: _____ Fax #: () _____

By my stamp and signature I certify that I have read and understand the relevant sections of the Town of North Hempstead Zoning Code and that the information provided on this form is accurate and based upon Chapter 70 of the Town of North Hempstead Code. I understand that the Town of North Hempstead Building Department relies on the accuracy of this information in determining the zoning compliance of the subject application.

Signature: _____ Date: _____

Architect's / Engineer's
Stamp MUST
appear here

Appendix C

State Environmental Quality Review

SHORT ENVIRONMENTAL ASSESSMENT FORM

For UNLISTED ACTIONS Only

PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: <div style="display: flex; justify-content: space-between;"> Municipality _____ County _____ </div>	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly _____	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other </div> Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals: _____	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals: _____	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: _____ Date: _____ Signature: _____	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, coordinate the review process and use the FULL EAF.
B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency. <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible) C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly: C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly: C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly: C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly: C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly: C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly: C7. Other Impacts (including changes in use of either quantity or type of energy)? Explain briefly:	
D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	
E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	

PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

- ☐ Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.

☐ Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide, on attachments as necessary, the reasons supporting this determination.

Name of Lead Agency	Date
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from responsible officer)

Reset

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Most Frequently Used Definitions

This list by no means is all inclusive and is merely intended as an aid to the Design Professional. The Design Profession bears the responsibility of reading and understanding all aspects of the Town of North Hempstead Zoning Code

LOT COVERAGE: The area of the maximum horizontal cross section of the buildings on the lot (this includes detached garages and any shed with an area of more than 100 square feet), excluding cornices, eaves, gutters or chimneys projecting not more than 24 inches, steps, one-story open porches (or decks), bay windows extending not more than one story and projecting not more than five feet, balconies and terraces.

GROSS FLOOR AREA: See attached "Gross Floor Area" handout.

FRONT YARD: A yard across the full width of the lot extending from the front line of the building to the front line of the lot measured between the side property lines.

FRONT YARD (CORNER LOT): On a corner lot, a front yard shall be required on each street.

AVERAGE FRONT YARD: See attached "Average Front Yard Setback" handout.

SIDE YARD (INTERIOR LOT): There are two side yards, one on each side of the main building.

SIDE YARD (CORNER LOT): There is only one side yard. Said yard shall be on the side adjoining the interior lot opposite the front yard having the greater street frontage.

AGGREGATE SIDE YARD: The total width of both side yards. A corner lot does not have an aggregate side yard. The minimum aggregate side yard required for irregularly shaped properties is determined at the line of the front yard setback required.

REAR YARD (INTERIOR LOT): The yard opposite the front yard.

REAR YARD (CORNER LOT): The yard opposite the front yard having the narrower street frontage.

HEIGHT TO RIDGE: See attached "Preexisting Average Grade" handout.

HEIGHT TO EAVES: See attached "Preexisting Average Grade" handout.

FRONT YARD PAVING: The total of impervious material or paving in the front yard of the property.

REAR YARD COVERAGE: Accessory buildings and/or structures, except as otherwise provided, shall not occupy more than 40% of the area of the rear yard.

PREEXISTING AVERAGE GRADE: See attached "Preexisting Average Grade" handout.

SKY EXPOSURE PLANE: A theoretical inclined plane through which no portion of a building other than cornices or eaves projecting not more than 18 inches, gutters projecting not more than eight inches and chimneys may penetrate. It begins at a lot line and rises over the zoning lot at a ratio of vertical distance to horizontal distance as set forth in the district regulations.

ATTIC: The space between the ceiling joists of the top story and the roof rafters. An attic shall not be used or occupied as living or sleeping quarters. There shall be no fixed stair to any new attic space nor operable windows. Attics shall not have finished floors or heating systems. Attics over one-story extensions shall count as additional gross floor area if the height from the joist to the underside of the ridge is greater than five feet. Horizontal access to attics shall be limited to nine square feet.

BASEMENT: That space of a building that is partly below grade which has more than half of its height, measured from floor to ceiling, above the average established finished grade of the ground adjoining the building.

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CELLAR: That portion of a building with half or more of its floor-to-ceiling height below the average level of the adjoining ground. A "cellar" shall not be used or occupied as living or sleeping quarters. It shall be prohibited to use any cellar space as habitable space as defined by the New York State Residential Code.

HABITABLE SPACE (NYS RESIDENTIAL CODE): A space in a building for living, sleeping, eating or cooking, or used as a home occupation. Bathrooms, toilet rooms, closets, halls, storage or utility spaces and similar areas are not considered habitable spaces.

ACCESSORY BUILDING AND/OR STRUCTURE: A subordinate building and/or structure customarily incidental to and located on the same lot occupied by the main building. All accessory buildings and/or structures are controlled by Article XI of the Town of North Hempstead Zoning Code. Accessory buildings and/or structures include, but are not limited to, pools, fences, detached garages, sheds (requires permit if over 100 square feet), stationary outdoor fireplaces and barbeques, pergolas, central air-conditioning units, generators, etc.

MAINTAIN EXISTING: An application for a building permit for construction, changes, alterations, improvements or modifications which had been previously completed without the required permit(s) and inspections. All maintenance applications filed in the Town of North Hempstead must be accompanied by plans demonstrating compliance with the current NYS Residential Code and Town of North Hempstead Zoning Code.

NEW CASSEL URBAN RENEWAL OVERLAY DISTRICT: The boundaries are the Wantagh Parkway on the eastern side, Brush Hollow Road and Union Avenue on the northern side, School Street on the western side and Railroad Avenue on the southern side. All applications for work in this district must meet the requirements of Article XXB of the Town of North Hempstead Zoning Code.

PARKING SPACE: The off-street paved or surfaced area available and usable for the parking of one motor vehicle, having dimensions of not less than 10 feet by 20 feet. A single-family dwelling is required to have two parking spaces. A two-family dwelling is required to have four parking spaces.

PRIVATE GARAGE: A detached accessory building or part of the main building used for the storage of not more than two noncommercial automobiles or one commercial and one noncommercial automobiles, owned and used by the occupant of the dwelling and in which no business or service is conducted. Such garage shall not exceed 26 feet in width and 24 feet in depth, with garage doors not to exceed eight feet in height.

DRAINAGE REQUIREMENT: All construction, or maintenance of existing construction, in which there will be an increase in impervious surface area in excess of 250 square feet requires on-site underground retention of 2 ½ inches of rainfall per 70-202.2 of the Town of North Hempstead Zoning Code. Impervious surfaces do not include decks or patios on sand or gravel. Patios on concrete base or crushed concrete aggregate are considered impervious surfaces.

RETAINING WALLS: All walls and other structures of any construction which are intended to, or which in fact, retain or support adjoining earth or rock. All construction or maintenance of retaining walls must meet the requirements found in Article XXII of the Town of North Hempstead Zoning Code.